

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	IL	DATE
FEE DETERMINATION	RH	48	9/15/01
O.I.P.E. CLASSIFIER	P.D.	1137	10/22/01
FORMALITY REVIEW			10/30/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/23/01
2	✓	✓	10/23/01
3	✓	✓	10/23/01
4	✓	✓	10/23/01
5	✓	✓	10/23/01
6	✓	✓	10/23/01
7	✓	✓	10/23/01
8	✓	✓	10/23/01
9	✓	✓	10/23/01
10	✓	✓	10/23/01
11	✓	✓	10/23/01
12	✓	✓	10/23/01
13	✓	✓	10/23/01
14	✓	✓	10/23/01
15	✓	✓	10/23/01
16	✓	✓	10/23/01
17	✓	✓	10/23/01
18	✓	✓	10/23/01
19	✓	✓	10/23/01
20	✓	✓	10/23/01
21	✓	✓	10/23/01
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25	✓	✓	10/23/01
26	✓	✓	10/23/01
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28	✓	✓	10/23/01
29	✓	✓	10/23/01
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42	✓	✓	10/23/01
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44	✓	✓	10/23/01
45	✓	✓	10/23/01
46	✓	✓	10/23/01
47	✓	✓	10/23/01
48	✓	✓	10/23/01
49	✓	✓	10/23/01
50	✓	✓	10/23/01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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Best Available Copy